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<b>RESPONSE/ TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	<b>Application Number</b>	10/006,175	
	<b>Filing Date</b>	12/4/01	
	<b>First Named Inventor</b>	Capik	
	<b>Group Art Unit</b>	2873	
	<b>Examiner Name</b>	not assigned	
<b>Total Number of Pages in This Submission</b>	8	<b>Attorney Docket Number</b>	Capik 2-8 (LCNT/123905)

RESPONSE/ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response <input type="checkbox"/> <b>NOTICE TO FILE CORRECTED APPLICATION PAPERS</b> (copy attached)  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input checked="" type="checkbox"/> Drawing(s) -6 SHEETS  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>post card receipt</b>
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	EAMON J. WALL, REG. NO. 39,414
Signature	<i>EJ Wall</i>
Date	5/7/03

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: <u>5/7/03</u>			
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